SOUTH CAROLINA
DEPARTMENT OF MENTAL HEALTH

ANNUAL REPORT
1987-1988

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South Carolina Department of Mental Health

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September 1, 1988

To his Excellency Carroll A. Campbell, Jr., Governor, and the Honorable Members of the General Assembly of South Carolina.

Transmitted herewith is the Annual Report of the South Carolina Department of Mental Health for the fiscal year 1987-1988.

Respectfully submitted,

Joseph J. Bevilacqua, Ph.D.
State Commissioner

Enclosure

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INTRODUCTION

The South Carolina Department of Mental Health (SCDMH) is committed to providing high quality services aimed at assisting those citizens of South Carolina who suffer from mental illness to enjoy respect and individual growth.

This report addresses:

- An overview of the mission of SCDMH
- The functions of the three major components of the SCDMH
- Performance measures
- Funding issues
- Selected key accomplishments during FY 87-88
- Vision for the future

The data contained in this report is the most recent, reliable information, generally based upon the 1988 state fiscal year (July 1, 1987, through June 30, 1988). We have included several appendices for those interested in more detail on selected items or statistics regarding geographical regions of the state.

OVERVIEW

By state law, SCDMH is charged to provide treatment, consultation, education and prevention services to all citizens of South Carolina, and their families, who suffer from:

- Serious mental illness - Adults are termed "psychiatrically disabled" while children are called "seriously emotionally disturbed."

- A significant inability (often temporary) to cope with the daily stresses of life - Includes such issues as domestic violence, problems at school, depression, etc., normally termed "Outpatient Services." Emphasis is given toward preventing serious mental illness.

- Alcoholism and drug addiction - This responsibility is shared with the South Carolina Alcohol and Drug Abuse Commission whose primary responsibility is prevention.

- Both mentally ill and mentally retarded - Citizens who are only mentally retarded are cared for by the South Carolina Department of Mental Retardation.

Over the years the Department, with minimal funding, has assumed certain unmet needs of the state not normally considered the responsibility of mental health:

- Services for citizens suffering from autism

- Long-term nursing care - for citizens (largely elderly) who suffer from a variety of physical conditions other than mental llness.

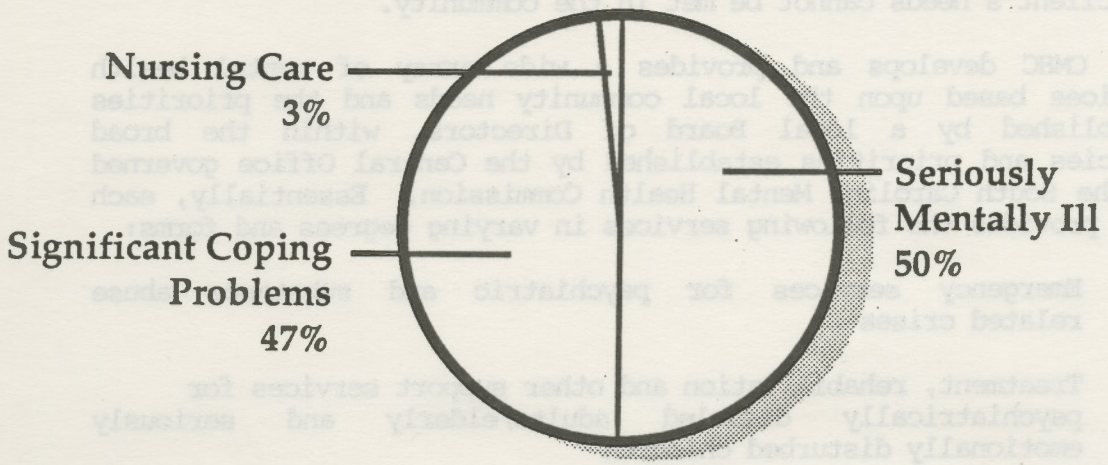
- Acute medical care - for SCDMH patients and citizens under the care of some other state agencies such as the Department of Corrections.

By federal mandate and because of significant unmet needs, we have established the following priorities of citizens to receive service:

- Seriously emotionally disturbed children
- Psychiatrically disabled adults and elderly
- Homeless mentally ill citizens
- Citizens suffering from chronic alcoholism and drug addiction
- Deaf mentally ill citizens
- Economically disadvantaged and minority citizens

Currently the Department serves approximately 35,000 citizens of which 50% are seriously mentally ill, 47% are significantly unable to cope with life's stresses and 3% need long-term nursing care. Adult and elderly citizens account for 78%, while children account for 22% of the persons served.

SCDMH Client Population by Major Category



Serving as advocate for clients and their families, and providing high quality services, are essential roles of SCDMH. The Department works with other government agencies, advocacy groups, and a variety of other interested individuals and organizations to design and implement imaginative opportunities for individual growth for the citizens of South Carolina placed in its care.

ORGANIZATIONAL COMPONENTS/SERVICES

SCDMH operates nine Inpatient Facilities and a comprehensive system of 17 Community Mental Health Centers (CMHCs) statewide. Organizationally, the Department has three major components:

- Administration and support services
- Community mental health services
- Inpatient services

Administration and Support Services - this component is located in Columbia, S.C., (commonly referred to as the Central Office) and provides: 1) systemwide long range planning, performance and clinical standards, evaluation and quality assurance, personnel management and training, legal counsel, public relations, government and external agency liaison, financial and procurement services and plant maintenance services; and 2) centralized public safety, building and vehicle maintenance, transportation and food service support basically to the eight inpatient facilities located in Columbia.

Community Mental Health Services - this component is operationally supervised by a Senior Executive Director of Mental Health Services located in Columbia and consists of 17 CMHCs. These CMHCs provide services to specifically designated areas of the state (See Appendix 7, at page 25). These CMHCs serve as the focal point for entry into the Departmental system. They are the primary provider of all SCDMH services, the local community and individual client's advocate, and monitor of services provided by SCDMH. The CMHC refers clients to inpatient services only when the client's needs cannot be met in the community.

Each CMHC develops and provides a wide array of mental health services based upon the local community needs and the priorities established by a local Board of Directors, within the broad policies and priorities established by the Central Office governed by the South Carolina Mental Health Commission. Essentially, each CMHC provides the following services in varying degrees and forms:

- Emergency services for psychiatric and substance abuse related crises

- Treatment, rehabilitation and other support services for psychiatrically disabled adults/elderly and seriously emotionally disturbed children

- Counseling services for persons significantly unable to cope with life's stresses

- Consultation, education and prevention services pertaining to mental health and mental illness to the local community

- Local (short term) inpatient programs

Inpatient Services - this component is operationally supervised by a Senior Executive Director of Inpatient Services located in Columbia and consists of eight hospitals in Columbia and one in Anderson. This component provides necessary services to those citizens who need hospital type care or whose needs cannot be met in the community.

The inpatient services component provides:

- Psychiatric care
- Alcohol and drug treatment
- Educational, training, research and specialized care
- Medical and surgical services for SCDMH and other selected state agencies
- Long term nursing care

Psychiatric care is provided to approximately 2,000 patients yearly at Bryan Psychiatric Hospital (acute short term), South Carolina State Hospital (chronic long term), Crafts-Farrow State Hospital (long term elderly), and Patrick B. Harris Psychiatric Hospital (general support of northwestern areas of the state).

After detoxification, alcohol and drug treatment is provided to approximately 150-200 patients yearly at the Earle E. Morris, Jr. Alcohol and Drug Addiction Treatment Center.

William S. Hall Psychiatric Institute performs educational, training and research functions for the Department and provides specialized acute psychiatric care to adults, specialized care to children and adolescents and all forensic services.

Medical and surgical services for SCDMH patients and Department of Corrections inmates, and alcohol and drug detoxification services for SCDMH clients are provided by the Byrnes Medical Center.

Long term nursing care for more than 1,100 citizens is provided each year by the Dowdy-Gardner Nursing Care Center (elderly) and C.M. Tucker, Jr. Human Resources Center (all ages).

PERFORMANCE MEASURES

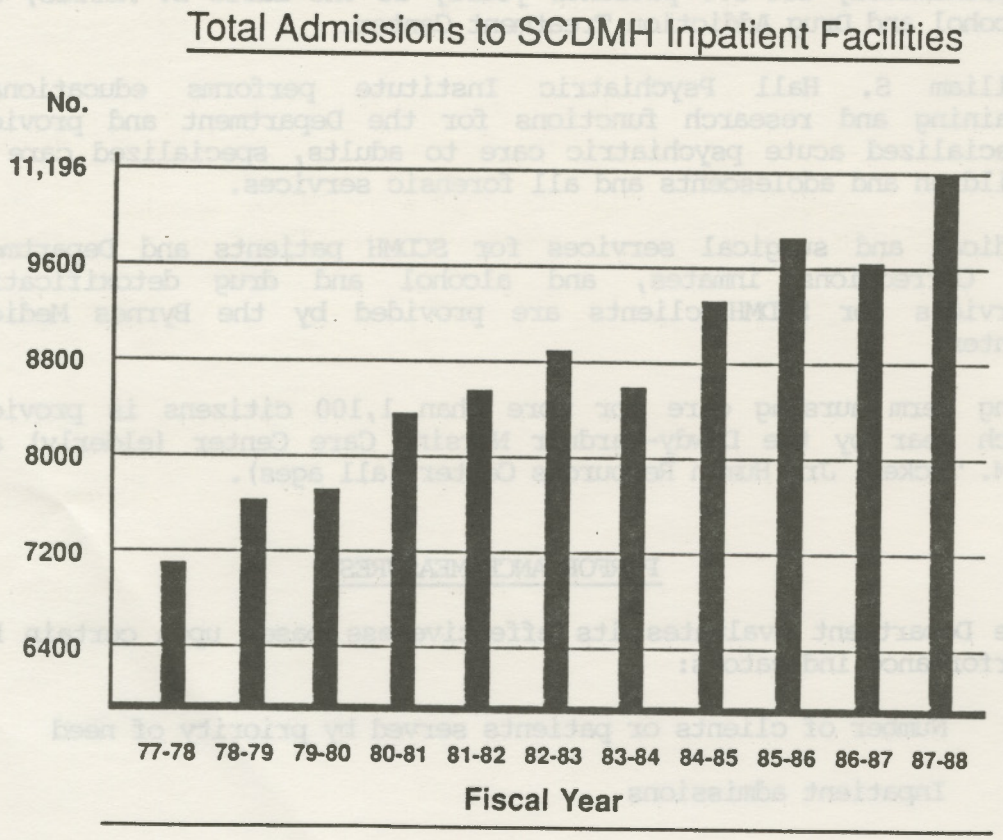
The Department evaluates its effectiveness based upon certain key performance indicators:

- Number of clients or patients served by priority of need
- Inpatient admissions

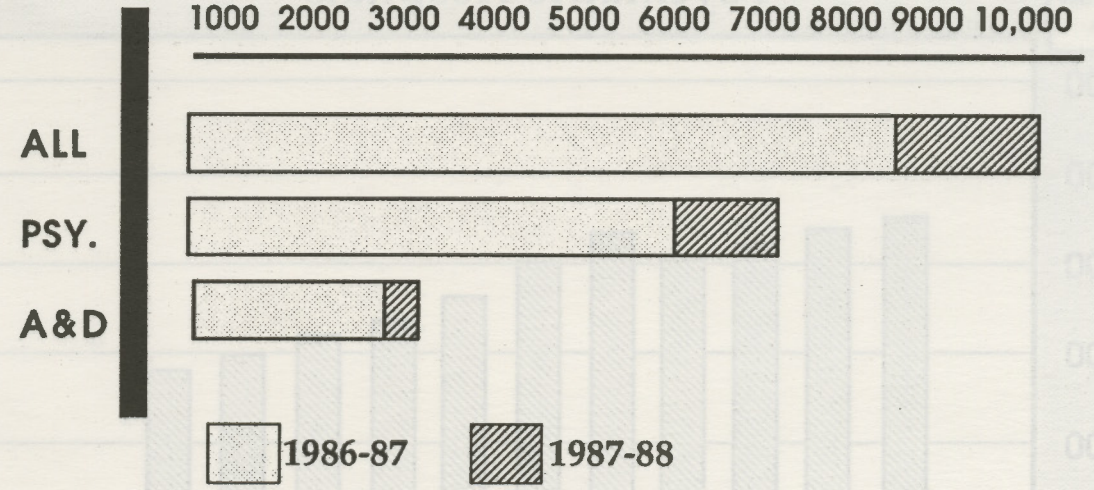
- CMHC admission rate to psychiatric hospitals
- Average daily population of psychiatric hospitals
- Costs for providing services
- Adequacy of emergency service capability in place within CMHCs
- Adequacy of treatment and other capabilities in place for the seriously mentally ill in CMHCs.
- Quality assurance and advocacy activities.

Number of clients or patients in priority categories - The current performance statistics in this measure were addressed in the Overview. For more detailed information see Appendix 9 at page 31.

Inpatient Admissions - Total hospital admissions have increased over the last 10 years with a slight decline in FY 84-87. In FY 88, the admissions reached 11,196 of which 2,790 were alcohol and drug abuse admissions, a significant increase attributed to some degree to the 1986 South Carolina Involuntary Commitment Act. The impact of this act is of concern and will be closely monitored, using the ratio of psychiatric admissions to alcohol and drug abuse admissions. For additional information concerning admissions, see Appendix 10 at page 32.



Admissions
Psychiatric and A&D

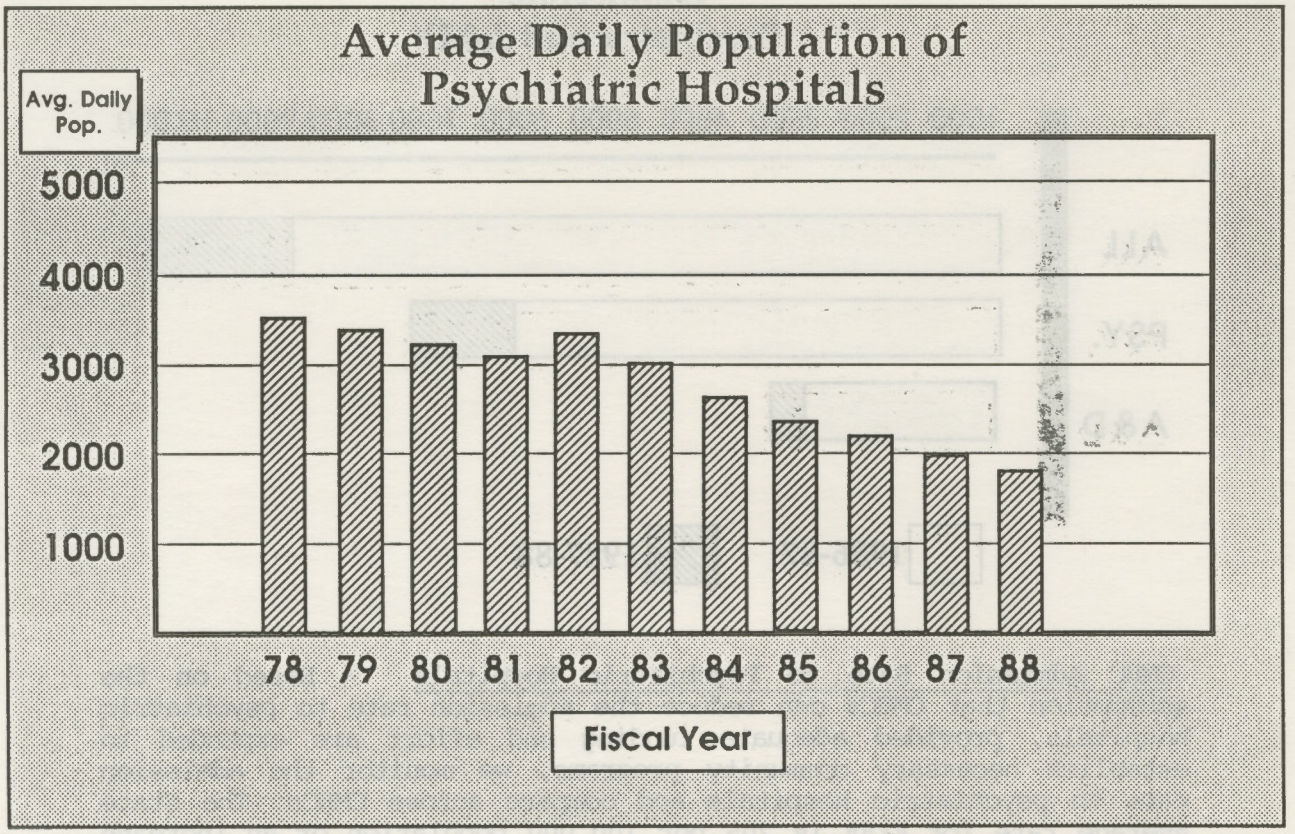


CMHC Admission Rate to Psychiatric Hospitals - Based on the assumption that CMHCs can reduce the admission rate to psychiatric hospitals, provided adequate funding and effort are expended to establish necessary community programs, we monitor the admission rate to psychiatric hospitals and compare across CMHCs. The state average rate for FY88 is 205 per 100,000 population or an increase of 1% when compared with FY '87, with a 21% increase occurring in the region supported by Harris Hospital. The lowest admission rates are in areas served by Berkeley, Coastal Empire, Aiken and Santee-Wateree CMHCs, the largest reductions in FY 88 occurred in Berkeley and Lexington CMHCs with significant reduction in Aiken, Columbia, Tri-County, and Waccamaw CMHCs (see Appendix 11 at page 33).

Percent of Admissions Screened by CMHCs - Based on the assumption that admissions to psychiatric hospitals can in the long run, be reduced as CMHCs screen more potential admissions and add more capability, we monitor the percent of admissions screened by CMHCs and compare across CMHCs. In FY 88, the statewide average was increased to 90% led by Berkeley, Pee Dee and Tri-County CMHCs at approximately 96% (see Appendix 12 at page 34).

Average Daily Population of Psychiatric Hospitals - The next performance measure used is the length of stay for patients in the hospital as shown by the average daily population in the psychiatric hospitals. Once again, we assume that as CMHCs add capability this measure will decrease.

The average daily population has decreased since FY 75 with a more pronounced decrease since FY 83, which coincides with the expansion of capability in the CMHCs. The average population in FY 88 was 1,760.



We use two other statistics to measure the impact of CMHCs increasing capability and effectiveness on the length of stay in psychiatric hospitals - short term and long term bed days used per 100,000 population. Statewide the long term usage rate decreased by 7%. Berkeley and Coastal Empire CMHCs used the least beds, while significant reduction was noted by Coastal Empire, Lexington, Waccamaw, Santee-Wateree, Anderson-Oconee-Pickens and Columbia Area CMHCs (see Appendix 13 at page 35). Statewide, the short term usage rate decreased by 2%. Berkeley and Coastal Empire CMHCs used the least beds, while Lexington CMHC showed the major reduction. Significant reduction also was made by Santee-Wateree, Berkeley, Aiken, Tri-County and Waccamaw CMHCs . Once again, a significant increase in usage occurred in those CMHCs in close proximity to Harris Hospital (see Appendix 14 at page 36).

Cost - At the present time, the Department does not have the data management capability to conduct a complete, comprehensive automated analysis of cost per day, cost per visit, cost per admission and cost per population. As we improve our data base, we will conduct this type of analysis.

Percent of Emergency and Treatment Components in CMHCs for Seriously Mentally Ill - In order to measure increased capability development in CMHCs, the Department monitors the percent of the ideal component programs operating in CMHCs established for seriously mentally ill citizens. Major development has occurred

over the last few years as we oriented funds in this direction. By FY 88, we have established 71% of the ideal emergency services components and 70% of the ideal treatment and rehabilitation components to serve the seriously mentally ill (See Appendices 15 and 16 at pages 37, 38).

Quality Assurance and Advocacy Activities - Monthly we summarize quality assurance data related to budget, workload, staff and statistical data for inpatient services and we are developing summaries for community services. Quality Assurance staff conduct on-site visits at each facility and center on an annual basis, focusing on management in general, medical staff, organization, clinical services, quality assurance, nursing and outcome data. The Department has established an external and internal network of client advocates, has developed policies and plans and is expanding this network into the community. We publish and review a yearly summary of systemwide trends (See Appendix 5 at page 26).

SUMMARY OF PERFORMANCE

In short:

- The Department is making progress to increase the numbers of patients served in priority categories.

- Total admissions and the admission rates continue to rise - potentially caused by the opening of Harris Hospital, the 1986 Involuntary Commitment Act for Alcohol and Drug Abuse, and an increase in the number of seriously mentally ill seeking service.

- CMHC screening rate has increased to 90%.

- Increased CMHC capability and effectiveness is decreasing the average daily population, short-term bed rate and long term bed rate for psychiatric hospitals.

- The Department will develop cost data once our data management services are modernized.

- CMHCs are increasing their program component capability to serve the seriously mentally ill.

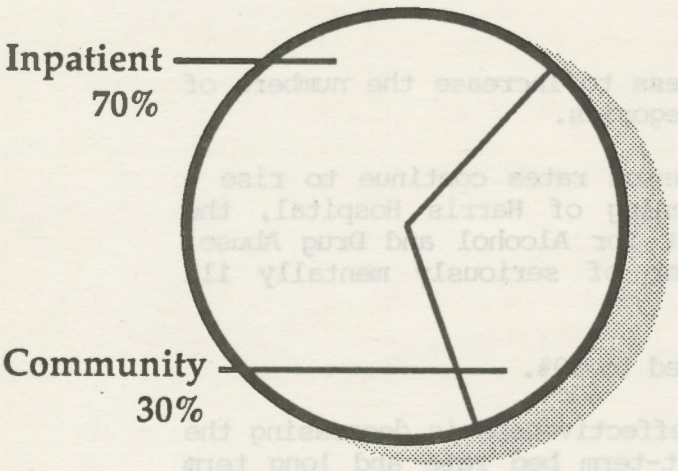
- Quality of care and advocacy staff conduct reviews systemwide, with increased emphasis particularly since 1986.

FUNDING ISSUES

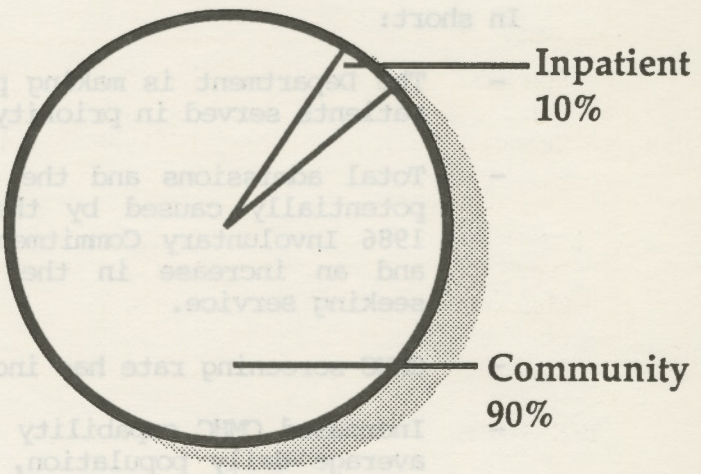
SCDMH administers an annual operating budget of $200 million in state, federal and local funds and manages a capital development budget of over $12 million in bond funds. The Department recoups over $50 million each year from the federal government and other sources.

Currently, 70% of the funds allocated for service delivery are used for inpatient services to 10% of our client population; while only 30% of our funds go to the community to provide services to 90% of our population. Additionally, a significant portion of inpatient funds are needed for long term nursing care, which is not a primary mission of SCDMH.

SCDMH Budget Allocation by Service Component



SCDMH Client Distribution by Service Component



SCDMH has begun correcting this imbalance by allocating additional state and federal funds to the community, increasing Medicaid recoupment statewide and applying for and receiving several significant grants (approximately $4 million) for community services. Consequently, we have increased the proportion of service delivery resources allocated to the community from 20% in FY 85 to the current 30% in FY 88.

This issue involves much more than funding - A significant number of patients currently in the hospitals do not need hospitalization but are there because adequate services are not available in the community. Hospitalizing a patient who does not need it is a violation of their civil rights and we must address this issue with more community funds.

We are making progress. Since FY 85:

- The percentage of total expenditures for administration and support has remained relatively stable with a slight decrease budgeted for FY 89.
- The percentage of total expenditures for inpatient services has decreased by 5% with an added 1% decrease budgeted for FY 89.
- The percentage of total expenditures for community services has increased by 4.6% with an added increase of 2% budgeted for FY 89.

Comparison of Expenditures by Major Components FY 85 - FY 88 (with projected budget for FY 89)

CATEGORY	FISCAL YEAR				
	FY 85	FY 86	FY 87	FY 88	FY89 (Budgeted)
Admin./Support	14.1	15.5	15.3	14.5	13.9
Inpatient	66.7	64.6	63.7	61.7	60.4
Community	19.2	19.9	21.0	23.8	25.8

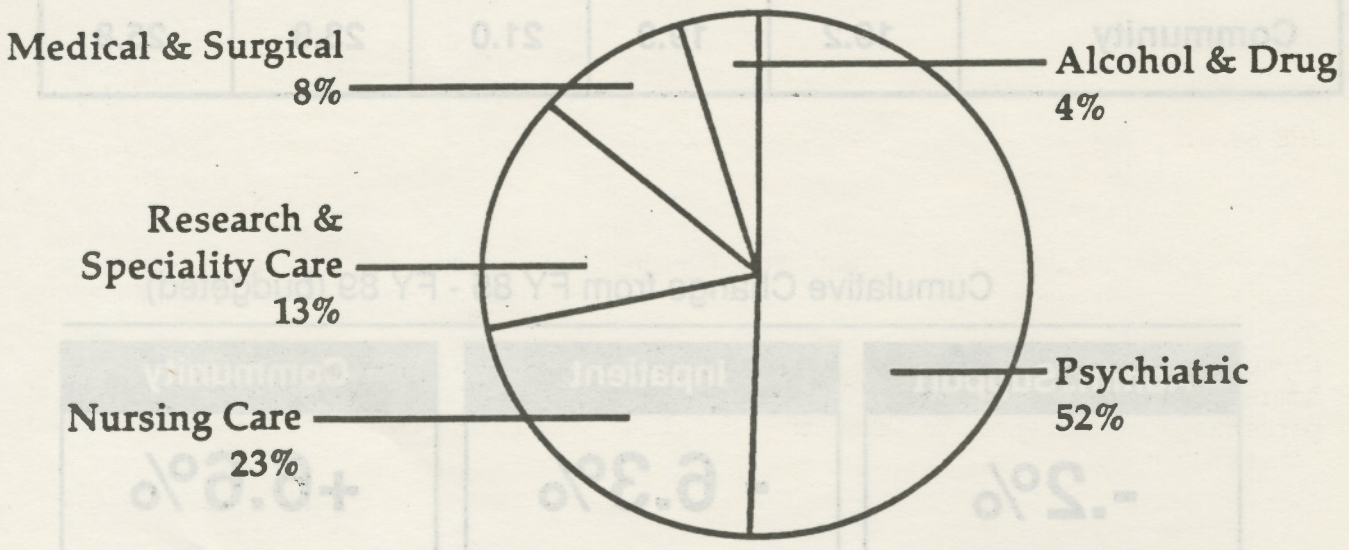
Cumulative Change from FY 85 - FY 89 (budgeted)

Admin./Support	Inpatient	Community
-.2%	- 6.3%	+6.6%

The trend of expenditures within the inpatient services component reveals that since FY 85:

- The percentage of total expenditures for psychiatric services has decreased by 9.4% with a further slight decrease budgeted for FY 89.
- The percentage of total expenditures for nursing care has increased by 3% with a slight decrease budgeted for FY 89.
- The percentage of total expenditures for medical and surgical services has decreased by 1% with a very slight decrease budgeted for FY 89.
- The percentage of total expenditures for alcohol and drug abuse services has remained essentially constant.
- The percentage of total expenditures for research, education and specialty care has increased by 2.4% with a slight decrease budgeted for FY 89. Most of this increase is a result of transferring the special care unit for children and adolescents to the Hall Institute in FY 86.

Percentage of Inpatient Budget Expended
FY 88 and Budgeted FY 89*



* Percentages for FY 88 are equal to those of the FY 89 projected budget

Trend of Expenditures by Inpatient Category in Percentage of SCDMH Budget FY 85 - FY 88 (with projected budget for FY 89)

CATEGORY	FISCAL YEAR				
	FY 85	FY 86	FY 87	FY 88	FY89 (Budgeted)
Psychiatric	41.2	39.7	34.9	31.8	31.3
Nursing Care	10.9	11.1	12.5	13.9	13.8
Medical/Surgical	6.1	5.9	5.4	5.1	4.9
Alcohol/Drug Abuse	2.9	2.7	2.7	2.8	2.7
Research/Educ. & Specialty Care	5.7	5.3	8.2	8.1	7.7

Cumulative Change from FY 85 - FY 88

Psychiatric	Nursing Care	Medical/ Surgical	Alcohol/ Drug Abuse	Research/Educ. & Specialty Care
-9.4%	+3%	-1%	-.1%	+2.4%

Last November Governor Campbell selected the SCDMH as one of his priorities for more funding in the 88-89 state budget. The state appropriations recently approved for the Department are a substantial step toward achieving the Governor's priority. SCDMH will receive over 9.6 million new dollars from the state for FY 88-89.

This endorsement from the Governor, General Assembly and State Budget and Control Board follows on the heels of the Department's first clean, unqualified financial audit from the Office of the State Auditor in over 12 years.

While this additional funding is short of the new dollars needed to balance the budget next year, it will help us address some of our issues. It will also help recoup revenue lost when many patients were found ineligible for Medicare last year and help fund and staff a full year of vital community programs begun mid-year 87-88. For instance, children's services will receive $350,000 in new funds, including $250,000 for crisis stabilization programs in the Midlands and $100,000 for family preservation programs.

The Department was also grateful for the support of the Governor and General Assembly this year to fund a new mental health center for Berkeley County. This was a significant legislative action in that it is the only SCDMH community program funded with statewide bond money. The Bond Bill provides $780,000. We view it as another step in the state's support of community mental health treatment. Bond money for Berkeley came about through the combined efforts of many of our local mental health centers and their boards.

In all, the Department received over $4.5 million in much needed construction bonds, including $3 million for renovations at Byrnes Medical Center and $900,000 for improvements to the Gibbes Building at State Hospital, in addition to the Berkeley CMHC appropriation.

Another '88 legislative action in support of the community mental health system was passage of screening legislation which officially establishes the CMHCs as the entry point to our delivery system.

Unfortunately the money SCDMH has been appropriated for 88-89 will not cover expected expenses. The Department projects a $6 million shortage. Typically we run a several million dollar deficit each year, largely due to the lack of proper funding for elderly patients in our care. This year the Mental Health Commission and Department management team will tackle this deficit with a combination of internal cost-cutting measures and additional funds requested from the General Assembly and other revenue sources.

Here is our dilemma. SCDMH does not have appropriate funding to deliver an adequate level of care to the volume of patients it serves. We will not lower the quality of care. In fact, we need to continue to improve it. So our solution is to limit the number of people we serve, particularly those who do not need psychiatric care, but occupy a bed in our facilities nonetheless. We propose to do this by selected reduction in admission rates, bed capacity and census.

On June 21, 1988, the South Carolina Mental Health Commission approved a reduction plan calling for:

- Limiting admissions to Tucker Center until lifting of the federal sanctions which are currently prohibiting Medicare and Medicaid reimbursements

- Increasing efforts to relocate Medicaid eligible non-psychiatric patients at Crafts-Farrow into certified nursing and intermediate care facilities

- Beginning to enforce existing statutes to admit only psychiatric patients to Crafts-Farrow

- Enforcing capacity limits at Morris Village.

We designed all of these steps to bring the facilities' operational policies in line with their patient service mission. Our aim is for each facility to serve the type of population it has been mandated to serve. In each case, the quality of care will be improved. In most instances, cost savings will be realized.

We can achieve savings in several ways. During the early phases, the principle savings should occur from reduced overtime and contractual patient care services as we draw patient populations down. The entire amount may not be saved during FY 88-89, butthese measures represent a substantial start.

Controlling non-psychiatric admissions, particularly among the elderly, is the key. For example, Crafts-Farrow is largely, and inappropriately, used as a nursing home and intermediate care facility.

The drain on state tax dollars is enormous. When an elderly patient housed in a mental institution does not have a psychiatric diagnosis, no Medicaid funds are available for his or her care. The state of South Carolina totally picks up the expenses. We believe non-psychiatric patients should be in facilities where they can receive the federal support to which they are entitled.

SELECTED KEY ACCOMPLISHMENTS FY 87-88

The Department accomplished much during FY 87-88 and it is impractical to list everything. Some selected key accomplishments are:

Setting the stage for a new fiscal year, the department ended FY 86-87 with a balanced budget through a plan which led to reductions in expenditures, not filling vacant positions, reducing overtime, reducing temporary positions, cutting back on supplies and the addition of surplus funds from the community mental health programs.

For the first time in over 12 years the Department received a "clean" unqualified financial audit for FY 86-87.

From January 5, 1988, to June 30, 1988, the Department conducted a major education/awareness campaign with the slogan "Good Mental Health...Everyone's Responsibility." Basic, common sense public awareness information was disseminated to a target audience including the 6,400 employees of the Department, the media, the legislature, advocacy groups, churches, and other state agencies. More details regarding the campaign are available from the SCDMH Office of Communications, 734-7766.

Significant progress was made toward goals set by the Justice Department Consent Decree:

a. Improvement of treatment programs at SC State Hospital
b. Reduction in the SC State Hospital census and improvement of staffing

c. All 17 mental health centers have emergency mental health services available 24 hours per day with professional staff on call to local hospital emergency rooms, although the consent decree did not require such services until July 1989.

The Department hosted the Ninth Annual Assembly of State Mental Health Human Resource Development Programs August 26-28, 1987, bringing together from around the nation professionals and others interested in mental health. The theme was managing the transition of mental health patients from hospital to community care. On July 14, 1988, the Department along with the SC Department of Social Services sponsored a national conference, "Family Preservation: A Means of Keeping Families Together," which explored family preservation issues from the perspectives of families with emotionally disturbed children, the service delivery agencies, legal implications, prevention initiatives and demonstration projects, including the Family Preservation Pilot Project at the Berkeley Mental Health Center.

The Department was awarded more than $4,000,000 in new federal and private foundation funds to initiate several innovative programs including:

a. the development of a statewide optional prepaid health and mental health plan in 10 community mental health catchment areas
b. the development of an intensive case management and treatment program for young adult males 18-30 who have been dually diagnosed as having both psychiatric problems and substance abuse
c. the development of mental health services for emotionally disturbed delinquents and status offenders
d. development of a coordinated strategy and training protocol for mental health professionals to work with victims of violent crimes
e. provision of training for staff from each community mental health center at the Wisconsin Program for Assertive Community Treatment
f. a model community mental health center for provision of services to the chronic mentally ill in Charleston
g. a model program for services to the mentally ill homeless in Columbia
h. programs for the homeless mentally ill in Charleston, Greenville, Spartanburg and Conway
i. The Department helped to develop a $171,000 grant which was awarded in December 1987 to the Midlands Primary Health Care Center. The grant addresses the chronic problems of the homeless in Richland and Fairfield counties and will provide intensive 24-hour medical case management outreach and clinical services for the homeless of the Midlands.

In November 1987 the Department instituted a Policy on Smoking with the guidelines limiting smoking areas and offering smoking cessation programs through the SCDMH Wellness Committees.

On October 1, 1987, the Division of Quality Assurance celebrated its first anniversary. The division represents the first centralized, coordinated department-wide quality assurance program involving both the community mental health centers and the Department's inpatient facilities.

During the fiscal year the inpatient facilities were surveyed by various agencies, and with the exception of sanctions placed on Tucker Center for its eligibility for Medicaid certification, all the surveys were successful. Four inpatient facilities -- Bryan Hospital, Crafts-Farrow, Harris Hospital and SC State Hospital -- were surveyed by the Health Care Finance Administration and all four passed. SC State Hospital was surveyed by the Joint Commission on Accreditation of Hospitals and passed. The Department of Health and Environmental Control granted licensure and/or certification to Crafts-Farrow, Dowdy-Gardner, Hall Institute and Tucker Center.

With the help of providers, planners, consumers, family members and other advocates, the Department created a Plan, a Vision for the Future. This Plan defined the Department's mission, established specific goals and outlined a process of implementation and future planning.

VISION FOR THE FUTURE

In February 1987, the Department undertook a planning process to clarify its mission, goals and objectives. The result is our "Vision for the Future," an attempt by providers, planners, consumers, family members and other advocates to address in a conscientious and comprehensive way the mental health needs of the citizens of South Carolina. The planning participants agreed upon the state mental health system's central mission -- to create a community-based system of care that will improve the quality of life for citizens with mental illness and other mental health problems.

Our intent is for the Plan to direct the Department's action. The Plan is an initial product which will continue to evolve, be evaluated and changed annually.

We established specific goals for the planning process at the outset:

- To develop a comprehensive description of how the Department will guide development of a community-based service delivery system to meet the needs of the mentally ill; and

- To develop and execute an implementation plan based on longer range goals and vision, and to institute routine planning and

evaluation in which individual program and/or service needs dictate Department operations through the integration of the planning and evaluation system, budget/fiscal system, and procurement and human resource management system.

The Plan lays the course for the future. In order to carry out our mission, we must continue to develop in ways reflective of increased knowledge, changing social and economic contexts and consumer perspectives. The three main goals of the State Plan are:

- To make services more effective for people with mental illness, and the wide variety of other mental health problems of the general population.
- To make services as available and accessible as possible to all citizens of South Carolina, especially underserved groups.
- To increase the mental health system's accountability -- of the centers and facilities and of the entire system to the patient/clients.

In developing this Vision for the Future for the South Carolina Department of Mental Health, we addressed: 1) where we have been, 2) what we are charged to do, 3) where we are, 4) where we ideally want to go, 5) how we are organized to get there, 6) what we will be providing when we get there, 7) what our priority target populations and programs for development are and 8) a sequential outline for progressive development in all areas of our responsibility. Our challenge is to implement this vision. Implementation will require continuing and focused effort on established priority target categories and programs; clearly understood program development policy and guidance; creative but pragmatic resource acquisition and allocation strategies; uniform, clearly understood management techniques to be used to guide and monitor development; an improved management information system capable of providing data required for evaluation, a coordinated annual evaluation and planning process geared to accomplishing the long range vision; a coordinated process for addressing the systemwide capital development and major equipment needs; and an evolving effort to continue updating this vision.

The Department recognized from the outset that planning is and must be an evolutionary process. Everything necessary for long range efforts has not been accomplished and we will continue to address the following:

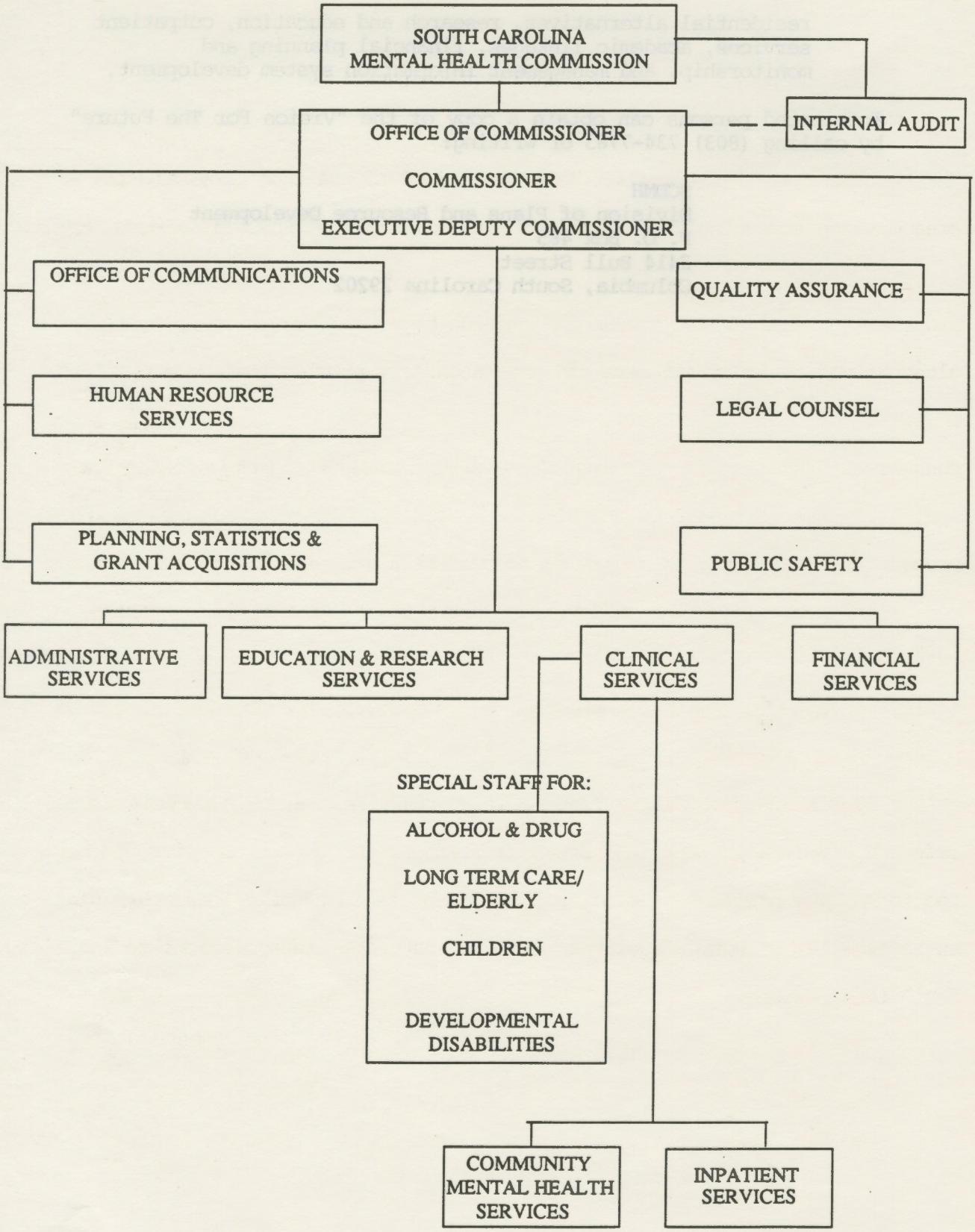
- Further needs assessment and specific program development planning for elderly, deaf mentally ill, mentally ill/mentally retarded and clients suffering from drug and alcohol abuse
- Further development of statewide programs for the homeless, integration of community care homes into the desired array of

residential alternatives, research and education, outpatient services, academic linkages, financial planning and monitorship, and management information system development.

Interested persons can obtain a copy of the "Vision For The Future" by calling (803) 734-7783 or writing:

SCDMH
Division of Plans and Resource Development
P. O. Box 485
2414 Bull Street
Columbia, South Carolina 29202

ORGANIZATIONAL CHART



August 1988

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Clinical Services.....Tony Gore, M.D.
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Internal Audit Division.....Herbert Walker, Jr., CPA
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Quality Assurance.....O. Norman Evans, M.D.
Deputy Commissioner
Division of Financial Services.....John Bourne
Deputy Commissioner
Division of Administrative Services.....Brooks Galloway
Deputy Commissioner
Office of the General Counsel .....Kennerly McLendon
General Counsel
Office of Communications.....Jeanette Bergeron, ARP
Director
Human Resource Services.....William Noyes
Director
Public Safety.....Fred Sons
Chief

Special Services Staff
Alcohol and Drug Services.....Lloyd Lachicotte
Children's Services.....Jerome Hanley, Ph.D.
Elderly/Long Term Care Services.....Nancy C. Carter
Developmental Disabilities.....vacant

Division of Inpatient Services.....Charles T. Gatch
Senior Executive Director
Bryan Hospital.....Sidney G. Alston, M.D.
Acting Director
Byrnes Medical Center.....John R. Simmons, M.D.
Director
Crafts-Farrow State Hospital.....L.Gregory Pearce
Director
Dowdy-Gardner Nursing Care Center.....Shielda D. Friendly, NHA
Director
Hall Institute.....Alexander G. Donald, M.D.
Director
Harris Hospital.....James P. Anderson
Director
Morris Village.....C. Edgar Spencer
Director
S.C. State Hospital.....Jaime E. Condom, M.D.
Director
Tucker Center.....Lee Woodbury, M.D.
Acting Director

Div. of Community Mental Health Services.....John J. Connery
Senior Executive Director

Aiken-Barnwell MHC.....Robert J. Waters, MSW
Executive Director
counties served: Aiken, Barnwell

Anderson-Oconee-Pickens MHC.....Norman Roberson, Ed.D.
Executive Director
counties served: Anderson, Oconee, Pickens

Beckman Center for MH Services.....Jack E. McCants, Ph.D.
Executive Director
counties served: Greenwood, McCormick, Saluda, Edgefield,
Laurens, Abbeville, Newberry

Berkeley County MHC.....Bernona Rodgers, R.N.
Interim Executive Director
county served: Berkeley

Catawba MHC.....Sam Reynolds, MSW
Director
counties served: York, Chester, Lancaster

Charleston Area MHC.....Thomas G. Hiers, Ph.D.
Interim Executive Director
counties served: Charleston, Dorchester

Coastal Empire MHC.....Ramon Norris, M.S.
Executive Director
counties served: Allendale, Beaufort, Colleton, Jasper, Hampton

Columbia Area MHC.....Kemper Breeding, M.A.
Executive Director
counties served: Richland, Fairfield

Greenville MHC.....Norman Desrosiers, M.D.
Director
county served: North Greenville County

Lexington County MHC.....Malcolm Stasiowski, MSW
Executive Director
county served: Lexington

Orangeburg Area MHC.....Thomas E. Foley, M.A.
Executive Director
counties served: Bamberg, Orangeburg, Calhoun

Pee Dee MHC.....Charles E. Bevis, Ph.D.
Executive Director
counties served: Florence, Darlington, Marion

Piedmont Center for MH Services.....Joe James
Executive Director
county served: South Greenville County

Santee-Wateree MHC.....William P. Parker, MSW
Executive Director
counties served: Sumter, Clarendon, Kershaw, Lee

Spartanburg Area MHC.....William S. Powell, M.D.
Director
counties served: Spartanburg, Union, Cherokee

Tri County MHC.....Janice Rozier, MSW
Executive Director

Waccamaw Center for MH.....James W. Pearson, Ed.D.
Executive Director
counties served: Georgetown, Horry, Williamsburg

SC DEPARTMENT OF MENTAL HEALTH CENTERS AND FACILITIES

COMMUNITY MENTAL HEALTH CENTERS

Aiken-Barnwell Mental Health Center
Aiken and Barnwell counties

Anderson-Oconee-Pickens Mental Health Center
Anderson, Oconee, Pickens counties

Beckman Center for Mental Health Services
Greenwood, McCormick, Saluda, Edgefield,
Laurens, Abbeville and Newberry counties

Berkeley County Mental Health Center
Berkeley County

Catawba Mental Health Center
York, Chester, Lancaster counties

Charleston Area Mental Health Center
Charleston and Dorchester counties

Coastal Empire Mental Health Center
Allendale, Beaufort, Colleton, Jasper and
Hampton counties

Columbia Area Mental Health Center
Richland and Fairfield counties

Greenville Mental Health Center
North Greenville County

Lexington County Mental Health Center
Lexington County

Orangeburg Area Mental Health Center
Bamberg, Orangeburg and Calhoun counties

Pee Dee Mental Health Center
Florence, Darlington and Marion counties

Piedmont Center for Mental Health Services
South Greenville County

Santee-Wateree Mental Health center
Sumter, Clarendon, Kershaw and Lee counties

Spartanburg Area Mental Health Center
Spartanburg, Union and Cherokee counties

Tri County Mental Health Center
Chesterfield, Marlboro and Dillon

Waccamaw Center for Mental Health
Georgetwon, Horry and Williamsburg counties

INPATIENT FACILITIES

Bryan Hospital (G. Werber Bryan Psychiatric Hospital)
Byrnes Medical Center (James F. Byrnes Medical Center)
Crafts-Farrow State Hospital
Dowdy-Gardner Nursing Care Center
Hall Institute (William S. Hall Psychiatric Institute)
Harris Hospital (Patrick B. Harris Psychiatric Hosiptal)
Morris Village (Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center
South Carolina State Hospital
Tucker Center (C.M. Tucker Jr. Human Resource Center)

KEY CHANGES IN LEGISLATION

Sections 44-17-450 and 460 have been added to the code providing for preadmission screening and evaluation services at local Community Mental Health Centers. By Section 44-17-450, those readmission screening services are to provide the examining physician information about clinically appropriate alternatives to inpatient care and when necessary provide the means for involuntary commitment. Under section 44-17-460, the examining physician "must consult with the Center regarding the commitment/admission process and the available treatment options and alternatives." In order to validate this process, the examining physician must complete a statement that he has in fact consulted with the local Mental Health Center in the county where the person resides, or where the examination takes place prior to the admission to a SCDMH facility. If the physician does not consult with the Center, then he must state on the form a clinical reason for that failure. This statement must accompany the affidavit and certificate for emergency commitment and the Department may refuse to admit a patient to a SCDMH facility if the physician fails to complete the form. The primary value of this amendment is to educate local physicians as to local alternatives, as well as minimize inappropriate admissions to Inpatient facilities.

DIVISION OF QUALITY ASSURANCE

The Division of Quality Assurance, Standards, Advocacy and Monitoring (QA-SAM) has emerged as a major source of data regarding the quality of care in SCDMH. In collaboration with clinical disciplines, administration and patient rights groups, clinical issues have been defined, surveyed and addressed by QA-SAM.

The Division of Quality Assurance incident reporting system resulted in patient care studies in a variety of areas. During this year, QA-SAM focused major attention on decubitus ulcers via several Quality Care Review Boards and task force committees which resulted in the development of comprehensive protocols for the treatment and prevention of decubitus ulcers. A patient suicides study described the profile of the suicidal patient and is now the basis for staff development training seminars within many Centers. Accidental needle sticks, a source of transmission of the Hepatitis B and AIDS viruses, were an identified problem during the recapping of needles by nurses. The nurses were trained not to recap rather to dispose of needles in special canisters. Patient falls, patient altercations, autopsy, fire alarms, medically distressed admissions and other topics were among the studies completed by the Division.

There were 97 Boards of Inquiry and 16 Quality Care Review Boards (QCRB) involving both Facilities and Centers accomplished this year. The Boards of Inquiry have resulted in a conscientious self examination as to how the Facility/Center can be improved to provide safer and better patient care. The Quality Care Review Boards included representation from Department-wide clinical staff, QA-SAM staff, Protection and Advocacy staff, and the Governor's Ombudsman's Office staff. The Quality Care Review Boards have addressed issues such as decubitus ulcers, emergency medical equipment, procedures at Facilities, the role of Public Safety Officers in patient management, the Department's AIDS policy, as well as individual patient cases which involve Department-wide systems issues.

In 1987, QA-SAM surveyed Bryan Hospital, Harris Hospital, South Carolina State Hospital, Crafts-Farrow State Hospital, Morris Village and Hall Institute's Children's Unit using a format compatible with JCAH and HCFA surveys.

A brief executive summary and a more detailed summary of the survey of each hospital were published in a booklet and distributed to the Facilities and to Clinical Services. Each Facility is working on recommendations and submitting a corrective action plan. QA-SAM surveyors continued to consult on an ongoing basis as quality assurance advisors on corrective action plans.

The QA-SAM Survey Format for 1988 has been redesigned to focus more on outcome indicators in anticipation of the Joint Commission on Accreditation of Health Care Organizations changes in that direction.

In addition, the monitoring staff publishes monthly the comprehensive management data for Facilities - "Summary of Quality Assurance Information."

In 1987, QA-SAM surveyed all 17 Centers in the Community Mental Health System utilizing the Quality Assurance Plan and Manual (80-07) as the standards for service provision and the standards for audit/survey. A report detailing compliance with documentation standards was completed and sent to each Center. All sites were again surveyed during the first six months of 1988. The quality of patient care reflected in the record has improved during each re-survey of the system.

QA-SAM Standards and Monitoring has been the prime program consultant, educator, and monitor of service provision and Medicaid billing requirements. The section has reviewed Medicaid audit results, summarized trends and assured that the Community Mental Health System was aware of the potential for recoupment of Medicaid earnings. During FY '88, the section has monitored a 7 - 9% per month growth pattern in the billing of services to Medicaid.

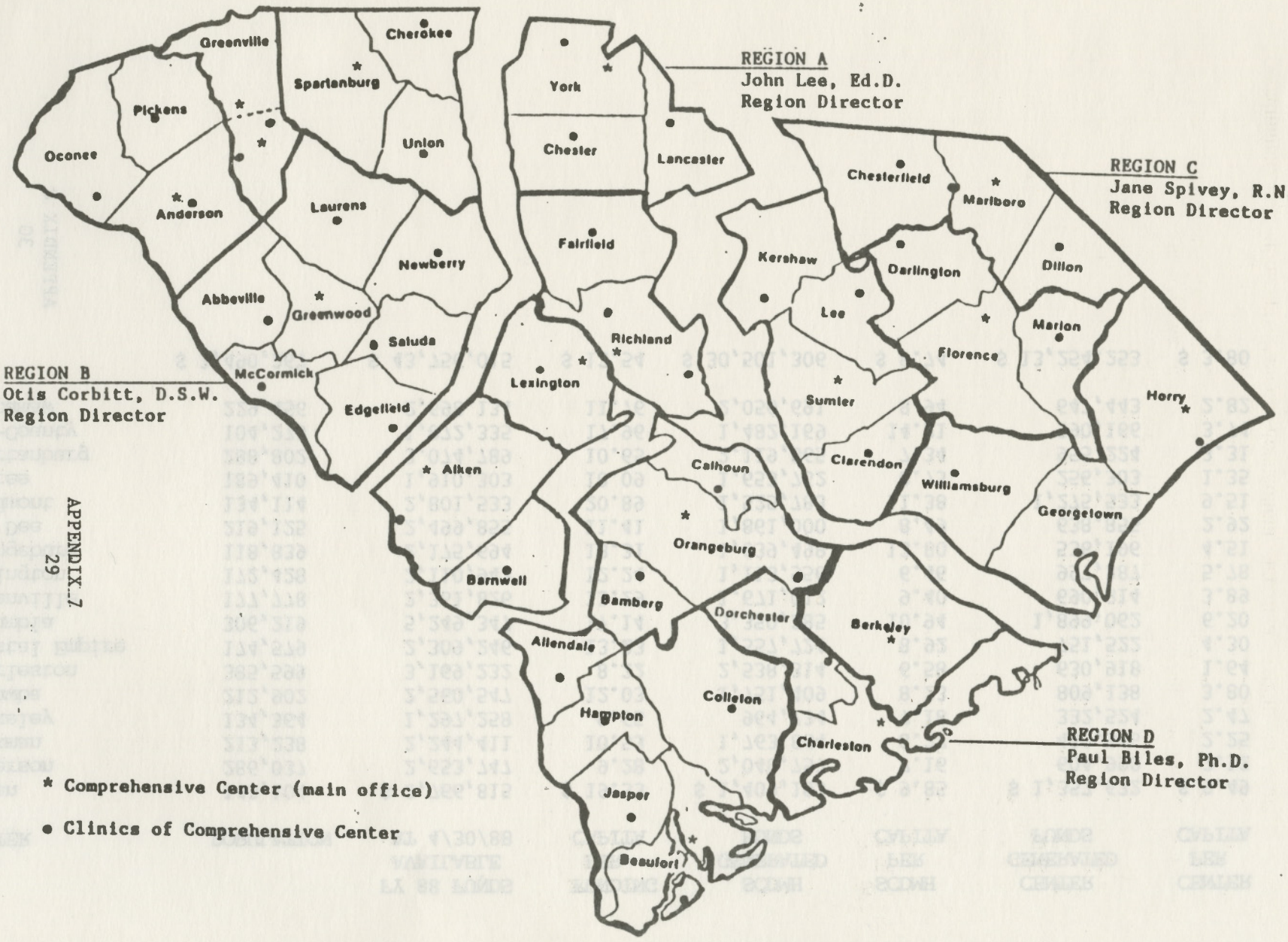
The Client Advocacy Program received 975 contacts during calendar year 1987. The Client Advocacy Program resolved a number of issues that had Department-wide implications. The Section has addressed and resolved issues regarding handicapped facilities in Inpatient Facilities, access to outdoors areas, privacy of patients, forensic rights, mail, private storage areas, least restrictive environment and rights orientation of Alcohol and Drug patients. These issues are in addition to case specific concerns. The Client Advocacy Program reviewed all Facility and Center advocacy programs regarding Department requirements for such programs. Local advocates have been appointed and oriented with reporting and documentation procedures for these local programs. A Volunteer Advocacy Program has been put in place. A Rights training for employees and patients has been completed and the Section has assured that Facility Human Relations functions were being conducted.

A number of issues are unresolved and are under current development by the Program. Patient's personal funds, placement of patients with special needs, aggressive patients, violent patients, Probate Court issues and personal property are among those items currently being pursued.

S.C. DEPARTMENT OF MENTAL HEALTH
FY 1987-88 EXPENDITURES

PROGRAM	PERSONAL SERVICE	EMPLOYER CONTRIBUTIONS	OTHER	PROGRAM TOTAL
ADMIN. & SUPPORT:				
Administration	5,821,209	1,132,889	2,949,163	9,903,261
Public Safety	2,493,735	546,959	118,666	3,159,360
Support Services	8,532,709	1,922,454	5,698,384	16,153,547
Total	16,847,653	3,602,302	8,766,213	29,216,168
PSYCHIATRIC HOSPITALS:				
S C State Hospital	15,802,116	3,116,827	4,208,962	23,127,905
Crafts-Farrow	12,699,629	2,523,217	3,725,936	18,948,782
Bryan Hospital	7,426,400	1,515,631	1,509,330	10,451,361
Byrnes Medical Center	5,589,203	1,123,721	3,187,314	9,900,238
Dowdy-Gardner	5,705,160	1,235,000	8,231,925	15,172,085
Harris Hospital	6,045,035	1,276,299	1,879,730	9,201,064
Total	53,267,543	10,790,695	22,743,197	86,801,435
COMMUNITY MENTAL HEALTH	24,447,866	4,882,830	16,931,642	46,262,338
RESEARCH & EDUCATION	10,918,122	2,175,741	3,270,364	16,364,227
TUCKER CENTER	7,656,137	1,622,733	2,527,057	11,805,927
MORRIS VILLAGE	3,464,695	700,510	811,510	4,976,715
ALCOHOL CONTRACTS			388,273	388,273
CONTINUUM OF CARE	1,432,325	287,885	2,785,919	4,506,129
GRAND TOTAL	118,034,341	24,062,696	57,835,902	199,932,939

South Carolina Department of Mental Health
Division of Community Mental Health Services



REGION A
John Lee, Ed.D.
Region Director

REGION B
Otis Corbitt, D.S.W.
Region Director

REGION C
Jane Spivey, R.N., M.S.N
Region Director

REGION D
Paul Biles, Ph.D.
Region Director

★ Comprehensive Center (main office)

● Clinics of Comprehensive Center

COMMUNITY FUNDING STATISTICS BY COMMUNITY MENTAL HEALTH CENTER

CENTER	POPULATION	FY 88 FUNDS AVAILABLE AT 4/30/88	FUNDING PER CAPITA	SCDMH GENERATED FUNDS	SCDMH PER CAPITA	CENTER GENERATED FUNDS	CENTER PER CAPITA	% FAMILIES IN POVERTY
Aiken	143,104	$ 2,766,815	$ 19.33	$ 1,409,183	$ 9.85	$ 1,357,632	$ 9.49	14.05
Anderson	286,037	2,653,747	9.28	2,048,757	7.16	604,990	2.12	9.30
Beckman	213,238	2,244,411	10.53	1,763,864	8.27	480,546	2.25	14.11
Berkeley	134,364	1,297,258	9.65	964,734	7.18	332,524	2.47	12.20
Catawba	212,902	2,560,547	12.03	1,751,409	8.23	809,138	3.80	9.80
Charleston	385,599	3,169,232	8.22	2,538,314	6.58	630,918	1.64	12.85
Coastal Empire	174,579	2,309,246	13.23	1,557,724	8.92	751,522	4.30	22.16
Columbia	306,219	5,249,347	17.14	3,350,285	10.94	1,899,062	6.20	15.00
Greenville	177,778	2,361,826	13.29	1,671,012	9.40	690,814	3.89	9.10
Lexington	172,428	2,110,943	12.24	1,113,556	6.46	997,387	5.78	7.10
Orangeburg	118,839	2,175,694	18.31	1,639,498	13.80	536,196	4.51	20.60
Pee Dee	219,125	2,499,855	11.41	1,861,000	8.49	638,855	2.92	18.17
Piedmont	134,114	2,801,533	20.89	1,525,783	11.38	1,275,533	9.51	9.10
Santee	189,410	1,910,303	10.09	1,653,762	8.73	256,303	1.35	20.30
Spartanburg	288,802	3,074,789	10.65	2,119,565	7.34	955,224	3.31	10.17
Tri-County	104,273	1,872,335	17.96	1,482,169	14.21	390,166	3.74	19.90
Waccamaw	229,456	2,698,134	11.76	2,050,691	8.94	647,443	2.82	18.07
	$ 3,490,267	$ 43,756,015	$ 12.54	$ 30,501,306	$ 8.74	$ 13,254,253	$ 3.80	14.23

ESTIMATED NUMBER OF CLIENTS BY CMHC FY '87 / '88

CMHCs	PSYCH. DIS.	ADULT O/P	EMOTIONALLY DISTURBED C/A	C&A O/P	TOTAL
Aiken-Barnwell	300	609	138	209	1256
Anderson	400	692	259	279	1630
Beckman	800	739	206	155	1900
Berkeley	600	322	135	149	1206
Catawba	600	466	200	221	1487
Charleston	800	505	361	183	1849
Coastal	300	419	167	195	1081
Columbia	1600	1699	277	415	3991
Greenville	800	766	174	388	2128
Lexington	600	492	154	206	1452
Orangeburg	300	888	124	220	1532
Pee Dee	400	638	230	260	1528
Piedmont	300	694	131	314	1439
Santee Wateree	1000	704	198	240	2142
Spartanburg	1800	1098	266	262	3417
Tri-County	700	679	113	231	1723
Waccamaw	400	905	220	341	1866
STATE TOTAL	11700	12315	3353	4268	31636
% OF TOTAL	37	39	11	13	-

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

INPATIENT FACILITY ADMISSIONS
FISCAL YEAR 1987 - 1988

	PSYCH	A/D	OTHER	TOTAL
Aiken-Barnwell	169	127	31	327
Catawba	385	182	66	633
Columbia Area	1149	652	334	2135
Lexington	281	193	190	664
Anderson-Oconee-Pickens	639	101	34	774
Beckman	476	111	61	648
Greenville/Piedmont	681	77	67	825
Spartanburg	838	223	60	1121
Pee Dee	526	100	69	695
Santee-Wateree	234	122	39	395
Tri-County	292	110	45	447
Waccamaw	392	150	71	613
Berkeley	96	66	24	186
Charleston	600	205	96	901
Coastal Empire	205	135	35	375
Orangeburg	183	236	38	457
TOTAL	7146	2790	1260	11196

Psychiatric Admissions:
All admissions to SCSH, CFSH, Bryan and Harris.
Children's Unit admissions at WSHPI.
Santee-Wateree non-forensic admissions to WSHPI.

Alcohol/Drug Admissions:
All admissions to Morris Village.

Other Admissions:
All Forensic admissions.
Private pay admissions at WSHPI.
Other admissions to WSHPI.
All admissions to Tucker.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

COMMUNITY MENTAL HEALTH SERVICES
PERFORMANCE MEASURES FOR FY '87 - '88

JUNE 1988

Annualized Psychiatric Hospital Admission Rate
per 100,000 est. 1988 Population

	Baseline	---Current Month---		----FY-to-Date-----	
	Adm Rate	Adm Rate	Variance	Adm Rate	Variance
REGION A	273.0	251.6	-7.8	237.7	-12.9
Aiken	135.7	117.4	-13.5	118.1	-13.0
Catawba	166.4	152.2	-8.5	180.8	8.7
Columbia Area	424.4	407.6	-4.0	375.2	-11.6
Lexington	238.8	208.8	-12.6	163.0	-31.8
REGION B	197.9	259.6	31.2	239.5	21.0
Anderson-Oconee-Pickens	175.0	234.9	34.3	223.4	27.7
Beckman	191.9	236.4	23.1	223.2	16.3
Greenville/Piedmont	192.1	253.9	32.2	218.3	13.7
Spartanburg	231.8	307.5	32.7	290.2	25.2
REGION C	202.5	202.1	-0.2	193.2	-4.6
Pee Dee	219.7	241.0	9.7	240.0	9.2
Santee-Wateree	131.2	133.0	1.4	118.3	-9.8
Tri-County	320.3	322.2	0.6	280.0	-12.6
Waccamaw	191.4	167.4	-12.6	170.8	-10.8
REGION D	134.4	159.3	18.5	133.3	-0.9
Berkeley	116.3	125.0	7.5	71.4	-38.6
Charleston	149.9	186.7	24.6	155.6	3.8
Coastal Empire	107.2	96.2	-10.2	117.4	9.6
Orangeburg	143.2	202.0	41.0	154.0	7.5
THE STATE	202.2	222.1	9.9	204.5	1.1

For the purposes of this performance measure Psychiatric Hospital Admission Rates per 100,000 est. 1988 Population, admissions to SCDMH psychiatric hospitals were used. Only the children's unit and Santee-Wateree non-forensic patients are counted from WSHPI. Admissions for the current month and FY-to-Date are annualized. The Baseline Adm Rate is based on FY '86 - '87 Admissions and is per 100,000 est. 1987 Population. The variance is the percentage difference between the Baseline Admission Rate and the Annualized Admission Rate.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

COMMUNITY MENTAL HEALTH SERVICES

PERFORMANCE MEASURES FOR FY '87 - '88

Percent of Non-forensic Admissions to Psychiatric Hospitals Screened by CMHCs

JUNE 1988

	Current Month Percent	FY-to-Date Percent
REGION A	92.0	89.8
Aiken	92.9	92.3
Catawba	92.6	91.7
Columbia Area	92.3	89.6
Lexington	90.0	86.8
REGION B	92.4	88.3
Anderson-Oconee-Pickens	89.3	89.5
Beckman	90.5	92.6
Greenville/Piedmont	97.0	92.4
Spartanburg	91.9	81.7
REGION C	95.2	95.0
Pee Dee	97.7	96.0
Santee-Wateree	95.2	93.3
Tri-County	96.4	96.2
Waccamaw	90.6	93.9
REGION D	92.6	87.5
Berkeley	100.0	95.8
Charleston	95.0	85.5
Coastal Empire	85.7	86.3
Orangeburg	85.0	90.7
THE STATE	92.9	90.0

For the purposes of this performance measure Psychiatric Hospital Admissions Screened by CMHCs, admissions to SCDMH psychiatric hospitals were used. Only the children's unit and Santee-Wateree non-forensic patients are counted for WSHPI.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

COMMUNITY MENTAL HEALTH SERVICES
PERFORMANCE MEASURES FOR FY '87 - '88

JUNE 1988

Annualized Long-Term Psychiatric Bed Days
per 100,000 est. 1988 Population

	Annualized Baseline Rate	---Current Month--- Adm Rate	Variance	----FY-to-Date----- Adm Rate	Variance
REGION A	13282.0	12069.7	-9.7	12065.9	-9.2
Aiken	8761.4	9257.6	5.7	8805.5	0.5
Catawba	10577.6	10399.2	-1.7	10273.3	-2.9
Columbia Area	19703.5	17509.0	-11.1	17683.1	-10.3
Lexington	8430.8	6806.3	-19.3	7009.3	-16.9
REGION B	8922.8	8791.9	-1.5	8625.1	-3.3
A-O-P	6961.5	6011.8	-13.6	6205.5	-10.9
Beckman	11936.0	11558.9	-3.2	11531.7	-3.4
Greenville/Piedmont	7657.7	8333.7	8.8	7708.8	0.7
Spartanburg	9996.4	9997.2	0.0	9864.9	-1.3
REGION C	10344.2	9444.6	-8.7	9491.1	-8.2
Pee Dee	10724.8	11396.2	6.3	10719.0	-0.1
Santee-Wateree	8598.8	6855.0	-20.3	7438.9	-13.5
Tri-County	16115.8	14316.3	-11.2	15071.0	-6.5
Waccamaw	8792.4	7504.7	-14.6	7476.8	-15.0
REGION D	8188.8	7012.2	-14.4	7419.0	-9.4
Berkeley	4080.6	3965.3	-2.8	3803.1	-6.8
Charleston	8810.8	7646.3	-13.2	7939.6	-9.9
Coastal Empire	5790.2	4694.7	-18.9	4784.7	-17.4
Orangeburg	14010.5	11804.2	-15.7	13688.3	-2.3
THE STATE	10095.7	9299.8	-7.9	9351.0	-7.4

For the purposes of this performance measure Long-Term Psychiatric Bed Days per 100,000 est. 1988 Population, bed days for patients with a length of stay of over 90 days at SCDMH psychiatric hospitals were used. Only the children's unit and Santee-Wateree non-forensic patient days are counted for WSHPI. The Baseline Bed/Day Rate is the annualized rate based on bed days for the period January - June 1987. The variance is the percentage difference of the Annualized Baseline Rate from the Annualized Rates for FY '87 - '88.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

COMMUNITY MENTAL HEALTH SERVICES
PERFORMANCE MEASURES FOR FY '87 - '88

JUNE 1988

Annualized Short-Term Psychiatric Bed Days per 100,000 est. 1988 Population

	Annualized Baseline Rate	---Current Month--- Rate	Variance	----FY-to-Date----- Rate	Variance
REGION A	9024.2	8627.8	-4.4	8097.4	-10.3
Aiken	5072.4	3228.4	-36.4	4120.1	-18.8
Catawba	6341.8	5461.7	-13.9	6729.9	6.1
Columbia Area	13715.1	14060.5	2.5	12646.8	-7.8
Lexington	6924.4	7370.0	6.4	5007.3	-27.7
REGION B	6911.4	8287.9	19.9	7825.1	13.2
A-O-P	6249.6	7962.6	27.4	7243.1	15.9
Beckman	6691.2	6353.5	-5.0	7260.9	8.5
Greenville/Piedmont	6732.1	7852.7	16.6	7496.2	11.3
Spartanburg	7933.8	10508.2	32.4	9173.4	15.6
REGION C	6770.1	5854.0	-13.5	6293.6	-7.0
Pee Dee	8271.4	8000.9	-3.3	8638.9	4.4
Santee-Wateree	2622.1	1419.1	-45.9	2061.1	-21.4
Tri-County	11198.2	8596.7	-23.2	9668.9	-13.7
Waccamaw	6746.1	6218.2	-7.8	6013.8	-10.9
REGION D	4794.3	5311.2	10.8	4486.5	-6.4
Berkeley	2986.8	2849.0	-4.6	2386.1	-20.1
Charleston	5368.7	5704.4	6.3	5194.8	-3.2
Coastal Empire	4391.2	5450.8	24.1	4043.4	-7.9
Orangeburg	5464.9	6614.0	21.0	5213.8	-4.6
THE STATE	6897.0	7157.8	3.8	6786.5	-1.6

For the purposes of this performance measure Short-Term Psychiatric Bed Days per 100,000 est. 1988 Population, bed days for patients with a length of stay of 0-90 days at SCDMH psychiatric hospitals were used. Only the children's unit and Santee-Wateree non-forensic patient days are counted for WSHPI. The Baseline Bed/Day Rate is the annualized rate based on bed days for the period January - June 1987. The variance is the percentage difference of the Annualized Baseline Rate from the Annualized Rates for FY '87 - '88.

AVAILABILITY OF EMERGENCY SERVICES FOR CMHCs

CENTER	24-HR PHONE	FACE-TO FACE	CRISIS STABIL	CRISIS RESID	LOCAL INPAT	INTENSE CS MGMT	SIC
Aiken-Barnwell	X	X		X		X	
Catawba	X	X	X	X		X	X
Columbia	X	X	X	X	X	X	X
Lexington	X	X	X	X		X	X
A-O-P	X	X	X		X		X
Beckman	X	X			X	X	
Greenville	X	X			X	X	
Piedmont	X	X			X	X	X
Spartanburg	X	X	X		X	X	X
Pee Dee	X	X	X		X	X	X
Santee-Wateree	X	X	X	X	X		X
Tri-County	X	X	X		X		X
Waccamaw	X	X	X		X	X	X
Berkeley	X	X	X		X	X	X
Charleston	X	X			X	X	
Coastal Empire	X	X				X	
Orangeburg	X	X			X	X	
STATEWIDE (17)	17	17	10	5	13	14	10
Percent Complete	100%	100%	59%	29%	76%	82%	59%

TREATMENT AND REHABILITATION SERVICES FOR THE PSYCHIATRICALLY DISABLED

CENTER	TREATMENT		REHABILITATION				
	ICM	CMT	DTP	AT	PS S	BLS	ILS
Aiken-Barnwell	X		X	X	X	X	X
Catawba	X		X	X	X	X	
Columbia Area	X		X	X	X		X
Lexington	X		X	X	X		X
A-O-P		X	X	X	X		
Beckman	X	X	X	X	X		X
Greenville	X	X	X	X	X	X	X
Piedmont	X	X	X	X	X	X	X
Spartanburg	X	X	X	X	X	X	X
Pee Dee	X			X			X
Santee/Wateree				X	X	X	X
Tri-County				X			X
Waccamaw	X			X			X
Berkeley	X	X	X	X	X		X
Charleston Area	X	X			X		X
Coastal Empire	X				X		
Orangeburg Area	X	X	X	X	X		X
STATEWIDE	14	8	11	15	14	7	14
Percent Complete	82%	47%	65%	88%	82%	41%	82%

ICM = Intensive Case Management
CMT = Case Management Team
DTP = Day Treatment Programs
AT = Activity Therapy
PS S = Psychosocial Rehabilitation Programs
BLS = Basic Living Skills
ILS = Individual Living Skills

APPENDIX 16

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

INPATIENT FACILITY ADMISSIONS

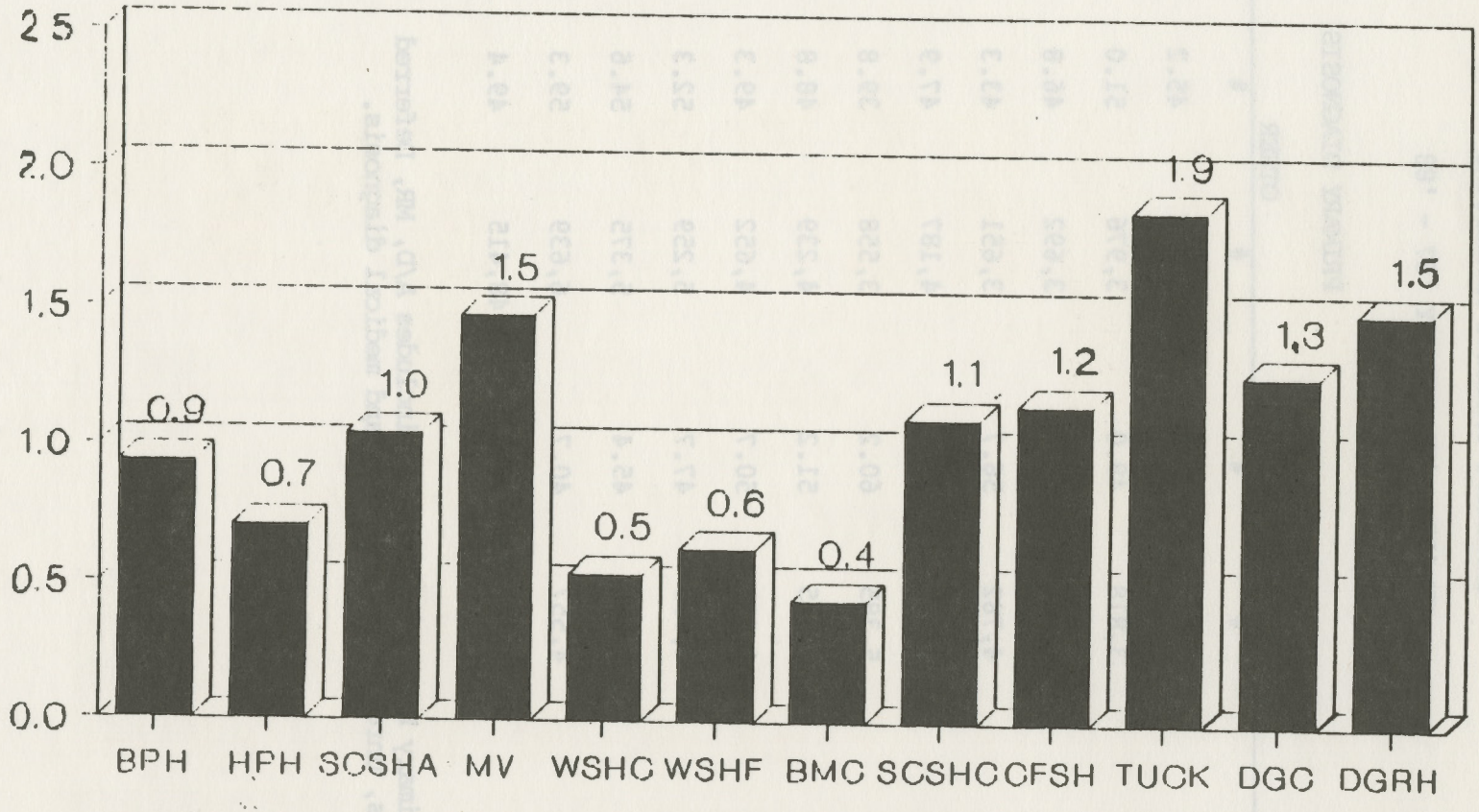
FY '77 - '78 THRU FY '87 - '88

FISCAL YEAR	PRIMARY DIAGNOSIS				TOTAL
	PSYCHIATRIC		OTHER		
	#	%	#	%	
'77 - '78	3,859	54.8	3,187	45.2	7.046
'78 - '79	3,818	49.0	3,976	51.0	7,794
'79 - '80	4,191	53.2	3,692	46.8	7,883
'80 - '81	4,782	56.7	3,651	43.3	8,433
'81 - '82	4,555	52.1	4,187	47.9	8,742
'82 - '83	5,385	60.2	3,558	39.8	8,943
'83 - '84	4,455	51.2	4,239	48.8	8,694
'84 - '85	4,785	50.7	4,652	49.3	9,437
'85 - '86	4,793	47.7	5,259	52.3	10,052
'86 - '87	4,466	45.4	5,375	54.6	9,841
'87 - '88	4,557	40.7	6,639	59.3	11,196
TOTAL	49,646	50.6	48,415	49.4	98,061

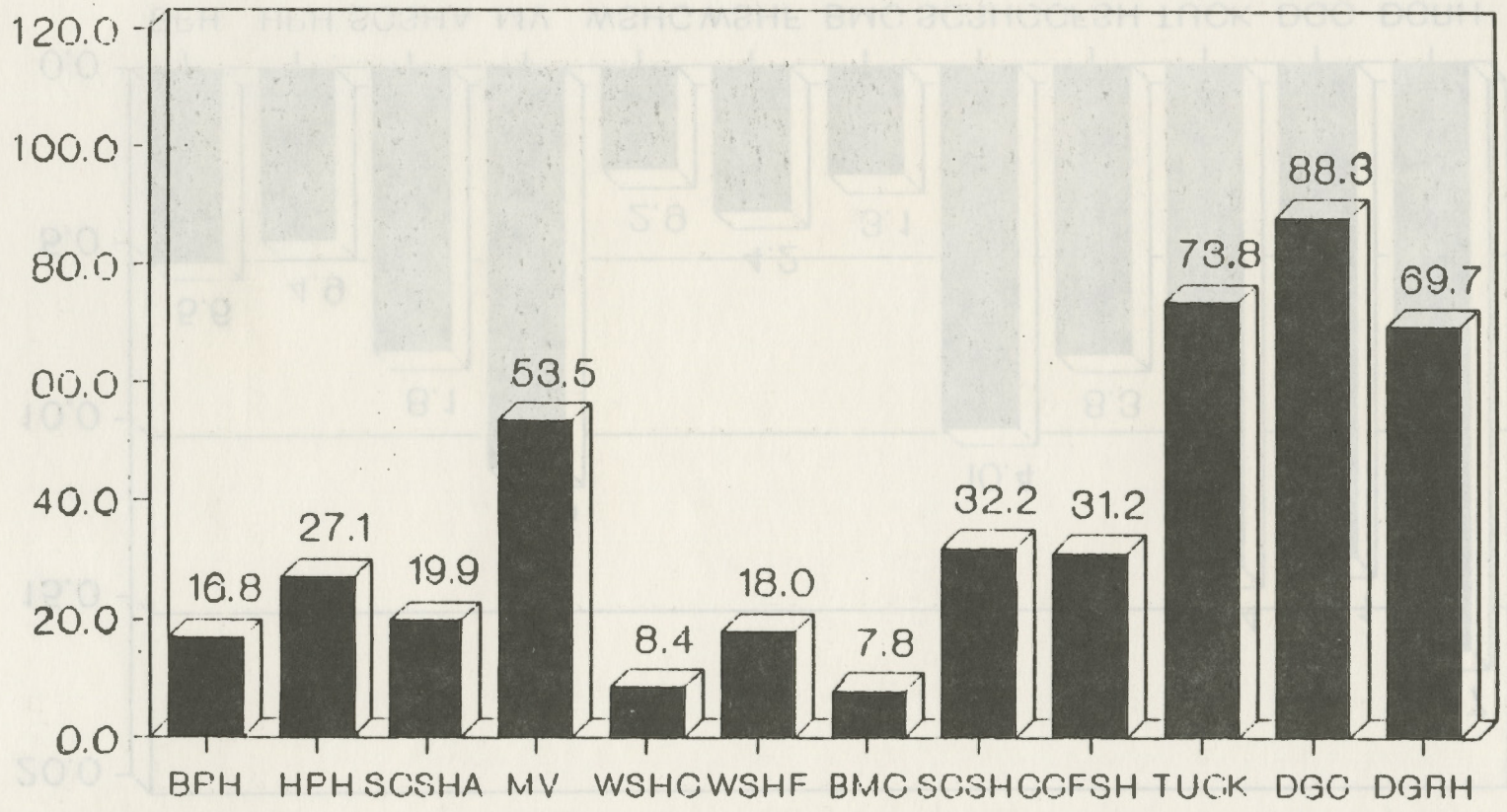
Other Primary Diagnosis Grouping includes A/D, MR, Deferred diagnosis, unreported diagnosis, and medical diagnosis.

APPENDIX 17

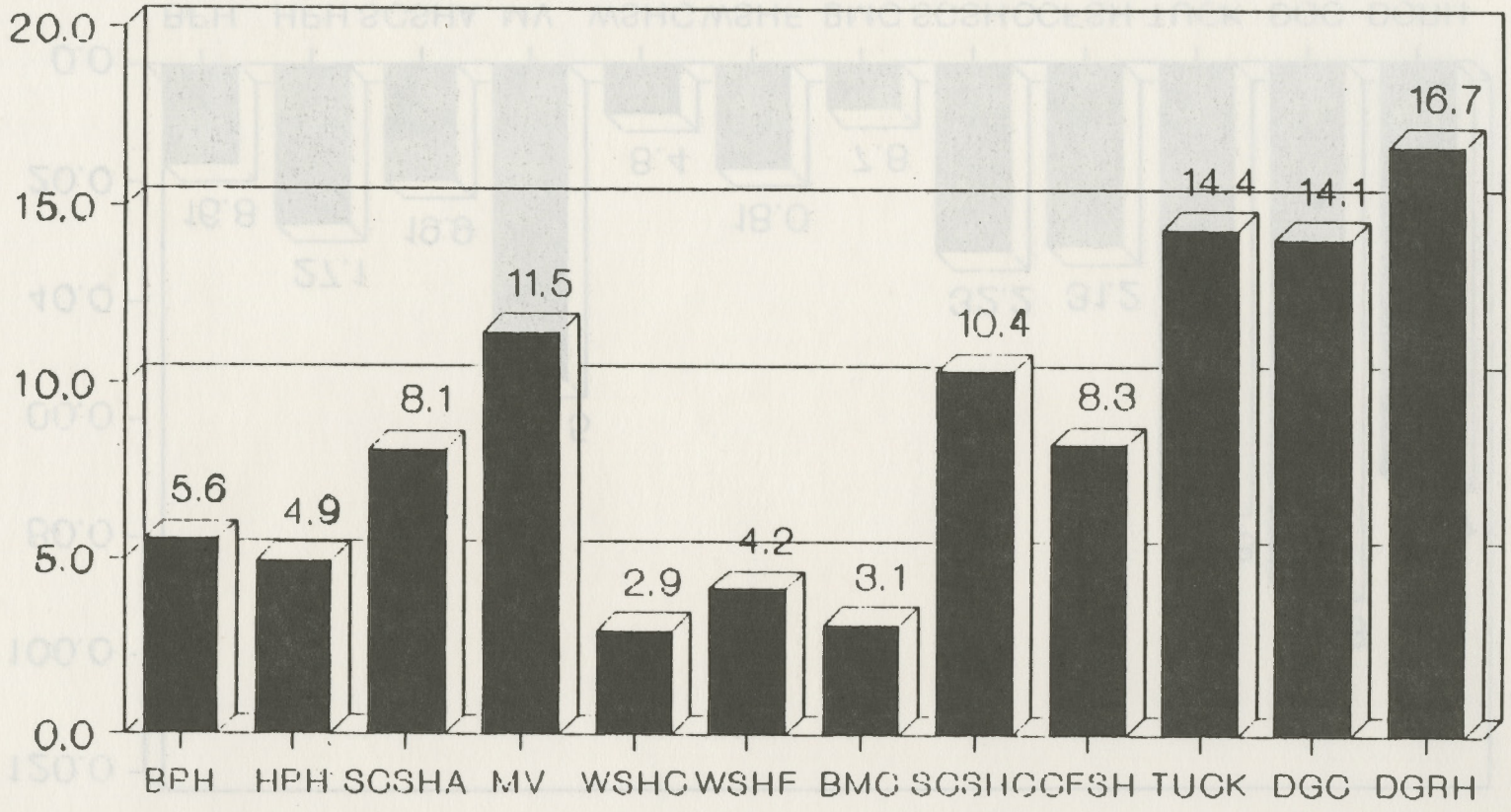
TOTAL NUMBER OF PATIENTS FOR EACH CLINICAL STAFF - JUNE 1988



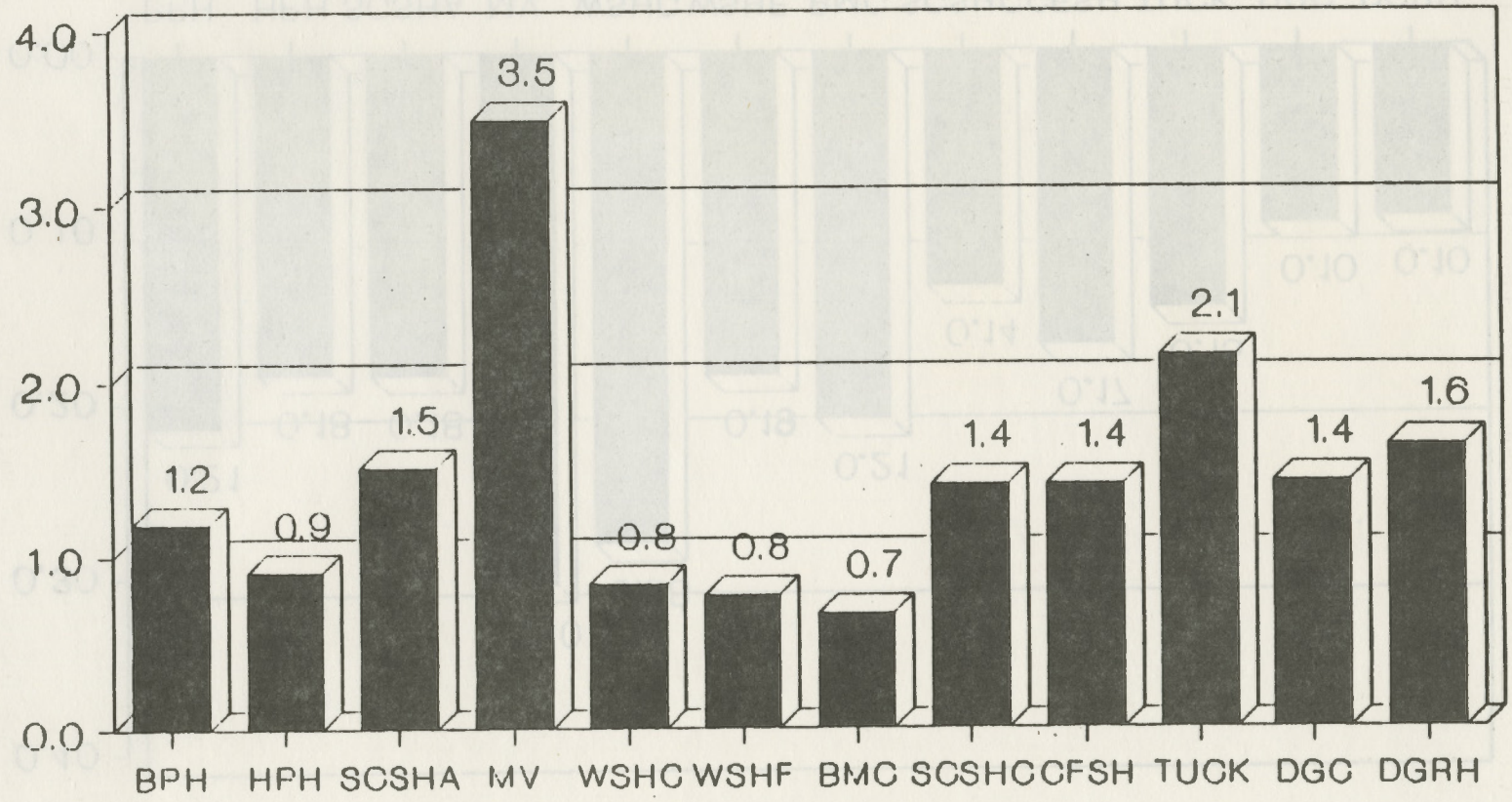
TOTAL NUMBER OF PATIENTS FOR EACH PHYSICIAN - JUNE 1988



TOTAL NUMBER OF PATIENTS FOR EACH RN - JUNE 1988



TOTAL NUMBER OF PATIENTS FOR EACH NURSING PERSONNEL - JUNE 1988



PERCENTAGE OF RNs
OF TOTAL NURSING STAFF - JUNE 1988